

# Commonwealth of Massachusetts



## Board of Registration in Medicine 2016 Annual Report



# Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8200

[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

Enforcement Division Fax: (781) 876-8381  
Legal Division Fax: (781) 876-8380  
Licensing Division Fax: (781) 876-8383

CANDACE LAPIDUS SLOANE, MD  
Chair, Physician Member

KATHLEEN SULLIVAN MEYER, ESQ.  
Vice Chair, Public Member

MICHAEL HENRY, MD  
Secretary, Physician Member

JULIAN N. ROBINSON, MD  
Physician Member

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Public Member

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Physician Member

GEORGE ABRAHAM, MD  
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GEORGE ZACHOS, ESQ  
Executive Director

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Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary  
Health and Human Services

MONICA BHAREL, MD, MPH  
Commissioner  
Department of Public Health

His Excellency Charles D. Baker  
Governor of the Commonwealth  
and the Honorable Members of the General Court

Dear Governor Baker and Members of the General Court:

On behalf of the Board of Registration in Medicine, we are pleased to announce the submission and availability of the Board's Annual Report for 2016. The full report can be found on the Board's website at [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard).

The Board's work in 2016 continued to reflect our mission "to ensure that only qualified physicians are licensed to practice in the Commonwealth, to ensure that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and to support an environment that maximizes the high quality of health care in Massachusetts." In furtherance of the Board's mission, the Board Members met twenty-six (26) times in 2016, and accomplished the following:

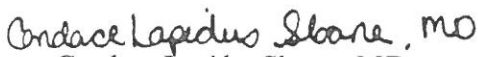
- The Board Members approved 1,931 new full licenses, approved 1,768 new limited licenses for medical school graduates accepted into training programs in Massachusetts, and renewed limited licenses for 3,364 residents and fellows already in training in Massachusetts. The Board subcommittee on Licensing held 33 meetings in 2016. As a result, by the end of 2016, Massachusetts had a total of 36,089 fully licensed physicians, 4,702 trainees with limited licensees, and 1,083 acupuncturists licensed to provide care to Massachusetts residents and patients who come to Massachusetts from around the world seeking quality care.
- The Board moved forward with its commitment to establish on-line licensing for initial full and initial limited applications which will streamline the processing of licensing applications.
- BORIM's commitment to patient safety and transparency was recognized by *Consumer Reports*, which ranked BORIM's website as # 3 in the nation in regard to the completeness of the information provided and the ease of use. *Consumer Reports* and the Informed Patient Institute analyzed the websites of 65 state medical boards. The analysis was based on search

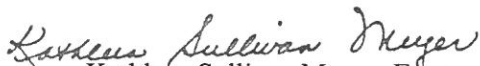
capabilities, the types of information provided, ease of filing a complaint and general information about the board's operations.

- The Board continued its commitment in protecting the privacy of individually identifiable health information, including information related to a person's transgender status or transition. Under the Physician Profiles law, the Board collects certain information reported to it, creates individual profiles on licensees and former licensees, and disseminates that information to the public. On May 5, 2016, the Board adopted Policy 16-01, "Policy on Gender Identity and the Physician Profile Program." When identifying a transgender or gender nonconforming physician on the public profile, the Board will not publish a physician's former name unless the physician requests that both names be published. When transgender or gender nonconforming physicians wish to change their name on their Profile, the Board will provide the physician with a copy of the public profile prior to release to the public.
- In meeting its mission to ensure that only qualified and competent physicians of good moral character are licensed to practice in the Commonwealth, the Board Members took disciplinary action against the licenses of fifty (50) physicians. The Board subcommittee on Enforcement held 53 meetings and reviewed 523 cases.
- The Board continued its extensive review of its regulations relating to disciplinary proceeding for physicians and acupuncturist, licensing, quality and patient care assessment programs, and the practice of acupuncture pursuant to Executive Order 562.
- The Board's Quality and Patient Safety Division issued advisories and newsletters to health care facilities about best practices, including Diagnostic Process in the Emergency Room.

The complete Annual Report includes a statistical tabulation of the Board's work during 2016, including licensee demographics, the number and types of disciplinary actions taken, investigation statistics, and the number and type of statutorily mandated reports received. Behind these numbers is the real work of the dedicated staff and Board Members committed to patient safety, transparency, fairness, outreach to consumers, and the continuous improvement of the health care system in the Commonwealth.

Sincerely,

  
Candace Lapidus Sloane, M.D.  
Chair

  
Kathleen Sullivan Meyer, Esq.  
Vice Chair

## Table of Contents

|  |   |
|--|---|
| Mission Statement .....                                  | 1 |
| Structure of the Board of Registration in Medicine ..... | 2 |
| Members of the Board .....                               | 2 |
| Members of the Committee on Acupuncture .....            | 2 |
| Committees of the Board .....                            | 3 |
| Functions and Divisions of the Agency.....               | 4 |
| Statistical Appendix .....                               | 6 |

# Commonwealth of Massachusetts



## Mission Statement

The Board of Registration in Medicine's mission is to ensure that only qualified physicians are licensed to practice in the Commonwealth of Massachusetts and that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and support an environment that maximizes the high quality of health care in Massachusetts.



## **Structure of the Board of Registration in Medicine**

The Board of Registration in Medicine (Board) consists of seven members who are appointed by the Governor to three-year terms. There are two public members and five physician members. A member may serve only two full consecutive terms. Members sometimes serve beyond the end of their terms before a replacement is appointed. Members may serve on one or more of the Board's committees.

The Board of Registration in Medicine also has jurisdiction over the licensure and discipline of acupuncturists through its **Committee on Acupuncture**. The members of the Committee include four licensed acupuncturists, one public member, one physician member actively involved with acupuncture and one physician member of the Board designated by the Chair of the Board. The Board appoints the Committee members to terms of three years.

### **Members of the Board**

**Candace Lapidus Sloane, M.D., Chair, Physician Member**

**Kathleen Sullivan Meyer, Vice Chair, Public Member**

**Michael E. Henry, M.D., Secretary, Physician Member**

**Joseph Carrozza, M.D., Physician Member**

**George Abraham, M.D., Physician Member**

**Robin Richman, M.D., Physician Member**

**Woody Giessmann, LADC-1, CADC, CIP, CAI, Public Member**

### **Members of the Committee on Acupuncture**

**Michael E. Henry, M.D., Physician Member and Member of the Board**

**Weidong Lu, MB, MPH, PhD, Lic. Ac., Chairman**

**Nancy E. Lipman, Lic. Ac., M. Ac., Vice Chair**

**Joseph F. Audette, M.D., Secretary**

**Wei Zhang, Lic. Ac.**

**Amy M. Soisson, JD, Public Member**

## **Committees of the Board**

### **Complaint Committee**

The Complaint Committee is comprised of two Board members who meet on a monthly or semi-monthly basis to review the evidence gathered by the Enforcement Division in all investigations. If the Complaint Committee determines disciplinary action is appropriate, it makes recommendations to the full Board regarding the type of sanction that should be imposed. When the evidence is insufficient to support disciplinary action, the Complaint Committee has the authority to close the investigation.

### **Licensing Committee**

The Licensing Committee is comprised of two Board members who meet on a monthly or semi-monthly basis. The primary role of the Licensing Committee is to ensure that every physician applying for licensure in the Commonwealth is qualified by education and training and is in compliance with the Board's licensing regulations. As a committee of the Board, the Licensing Committee is responsible for reviewing license applications with legal issues, competency issues, malpractice or medical issues, waiver requests and other issues requiring Board approval. In some instances, the Licensing Committee may request an interview with an applicant prior to making a recommendation to the Board. The recommendations of the Licensing Committee are then forwarded to the full Board for its review. The Board in its discretion may accept, reject, or amend any Licensing Committee recommendation.

### **Quality and Patient Safety Committee**

The Quality and Patient Safety (QPS) Committee membership is comprised of one Board member and a multidisciplinary group of providers. It includes members from the Boards of Nursing and Pharmacy, as well as a patient representative. Members of the QPS Committee work with hospitals and other health care facilities to improve quality and patient safety processes and ensure that physicians who practice within a facility are active participants in these programs. The Committee is committed to preventing patient harm through the strengthening of medical quality assurance programs in all



institutions. The members provide the expertise that allows responsive feedback and thorough consideration of the issues brought before the QPS Committee.

## **Functions and Divisions of the Agency**

The Executive Director of the agency reports to the Board and, under the direction of the Board, is responsible for the administration of the Agency and oversight of staff including management, personnel, regulatory and organizational functions. The Executive Director supervises the senior leadership team who, in turn, manage the various divisions of the Agency. A primary responsibility of the Executive Director is to support and assist the Board in all matters pertaining to its mission.

### **Licensing Division**

The Licensing Division operates under the supervision of the Director of Licensing. The Licensing Division is the point of entry for physicians applying for a license to practice medicine in the Commonwealth and has an important role in protecting the public. The Division conducts an in-depth review of a physician's credentials to validate the applicant's education, training, experience, and competency. If there is no negative information in the applicant's background, the physician's name is presented to the Board for licensure to practice medicine in the Commonwealth. If there is negative information in the applicant's background, the information is presented to Licensing Committee.

### **Enforcement Division**

The Enforcement Division operates under the supervision of the Director of Enforcement. The Enforcement Division is mandated by statute to investigate complaints involving physicians and acupuncturists, and to litigate adjudicatory matters. Complaints come from various sources (e.g. consumers of healthcare and their advocates; law enforcement agencies; health care facilities; health care professionals). Complaints with discipline potential are investigated by teams comprised of a complaint counsel, an investigator and/or a nurse investigator. The investigations are thorough and sometimes lead to the discovery of additional matters of concern about the licensee's practice.

### **Division of Law & Policy**

The Division of Law and Policy operates under the supervision of the General Counsel. The assistant general counsel assist the Board in making legal determinations, including researching issues before the Board and drafting decisions. The Board's



Data Repository Unit (DRU) and Physician Health and Compliance Unit (PHC) are within the Division of Law and Policy. DRU staff is responsible for evaluating statutory reports, overseeing the accuracy of Physician Profiles, and reporting Board actions to the health care databanks; PHC is responsible for monitoring licensees who are on probation as the result of disciplinary action. Division of Law and Policy staff work cooperatively with other Divisions of the Board on issues related to licensure, physician health, policy, statutory reports and public information.

### **Quality and Patient Safety (QPS) Division**

The QPS Division works under the supervision of the Director of QPS. The QPS Division works with health care facilities to assure that patient safety programs are effective and comprehensive; health care facilities conduct full and competent medical reviews of patient safety incidents; and health care facilities have strong systems for identifying, reporting and remediating patient safety incidents. Reports to the QPS Division are confidential and protected by Massachusetts law from public disclosure in the same way that records of health care facility peer review committees are protected. Confidentiality protections are an important way to foster open and honest discussion of cases by those involved at the facility and to promote better and more candid reporting to the QPS Division.

### **Operations Division**

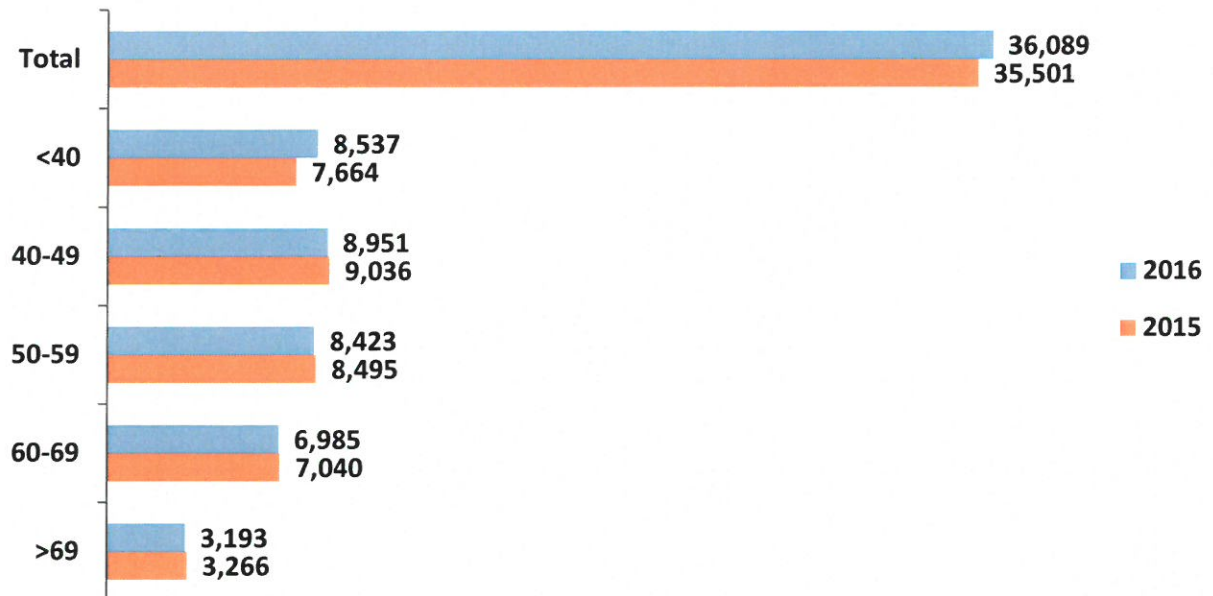
The Operations Division is supervised by the Director of Operations, who is responsible for human resources, procurement, expenditure tracking and facilities. The Director of Operations also manages the Call Center, Document Imaging Unit, Mailroom, and Reception. Staff in the Call Center answer questions, assist callers with obtaining forms or other documents and provide copies of requested Profiles documents to callers. The Document Imaging Unit scans agency documents into an electronic database, which has allowed staff to access the agency's documents from their desktops.

## STATISTICAL APPENDIX

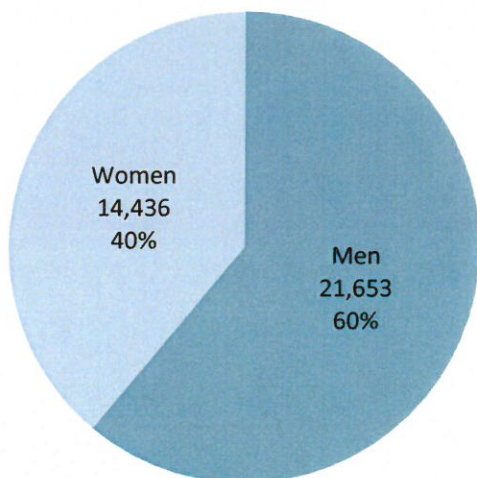
## Licensure

### Physician Demographics

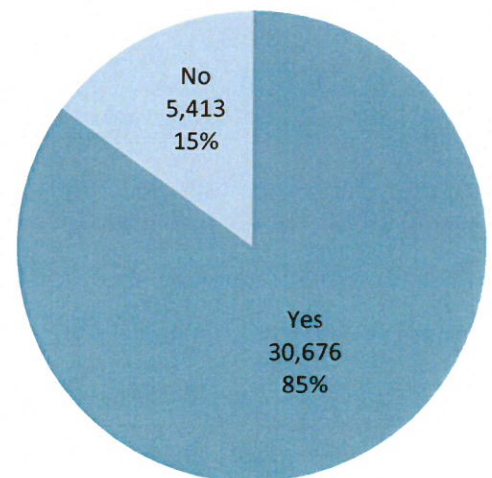
#### 2015-2016 Full License Physician Demographics



#### 2016 Gender

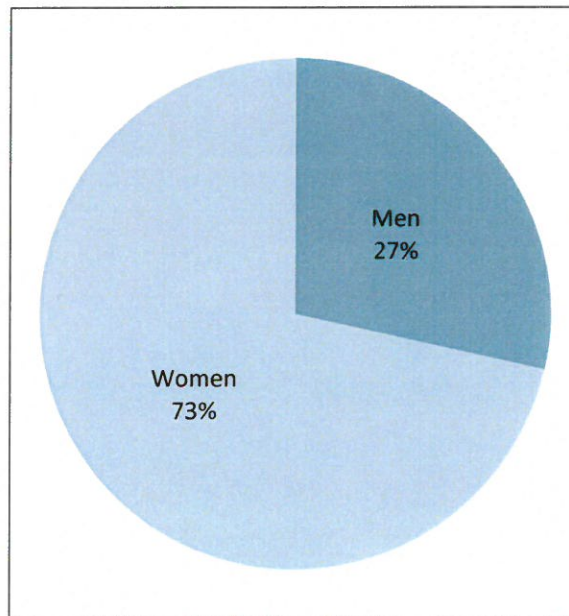
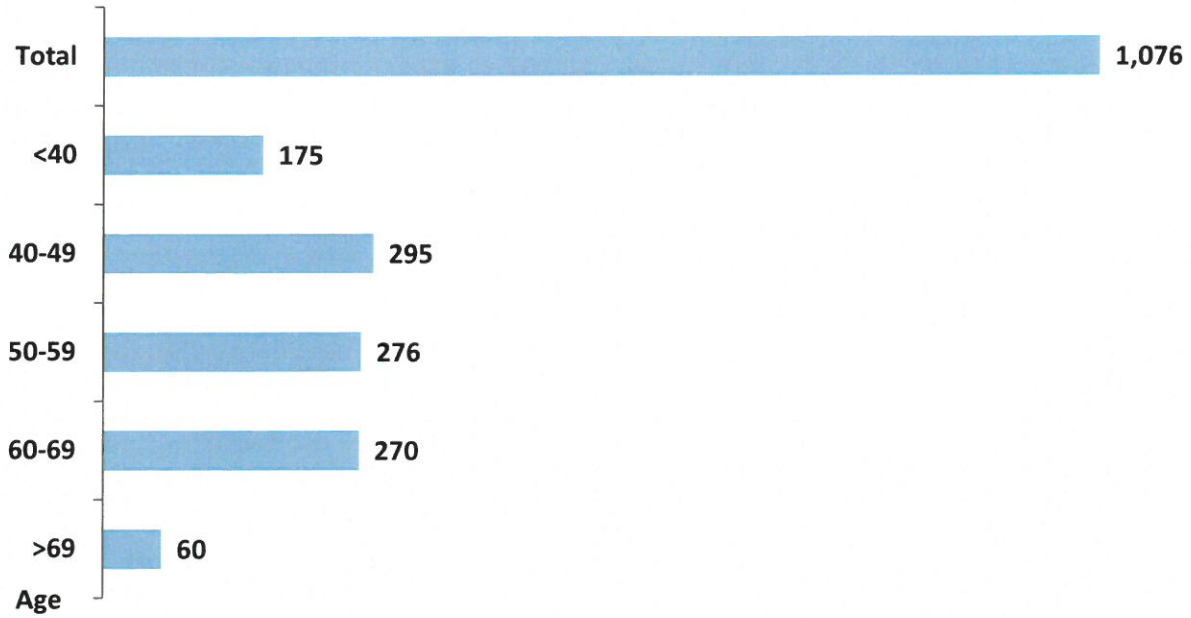


#### 2016 Board Certified



## Acupuncturist Demographics

2016 Licensed Acupuncturist Demographics





| Medical Licenses             |        |        |        |        |        |
|------------------------------|--------|--------|--------|--------|--------|
|                              | 2016   | 2015   | 2014   | 2013   | 2012   |
| Initial Full Licenses        | 1,931  | 1,846  | 1,967  | 1,977  | 1,926  |
| Full Renewals <sup>1</sup>   | 14,116 | 20,471 | 13,586 | 20,587 | 12,858 |
| Lapsed Licenses Revived      | 188    | 194    | 169    | 231    | 202    |
| Initial Limited Licenses     | 1,768  | 1,740  | 1,719  | 1,707  | 1,732  |
| Limited Renewals             | 3,364  | 3,271  | 3,246  | 3,253  | 3,188  |
| Temporary (Initial) Licenses | 3      | 9      | 4      | 7      | 5      |
| Temporary Renewals           | 11     | 15     | 15     | 2      | 2      |
| Lapsed                       | 188    | 1,070  | 1,079  | 1,570  | 1,165  |

| Acupuncture Licenses         |       |       |       |       |       |
|------------------------------|-------|-------|-------|-------|-------|
|                              | 2016  | 2015  | 2014  | 2013  | 2012  |
| Active Acupuncturists        | 1,083 | 1,083 | 1,056 | 1,051 | 1,027 |
| Initial Licenses Issued      | 45    | 52    | 48    | 50    | 75    |
| Renewals                     | 563   | 452   | 547   | 437   | 544   |
| Full Inactive Licenses       | 25    | 26    | 28    | 113   | 108   |
| Lapsed Licenses              | 1     | 8     | 15    | 9     | 7     |
| Temporary (initial) Licenses | 2     | 0     | 0     | 2     | 1     |

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<sup>1</sup> A large majority of physicians renew their licenses in odd-numbered years.

## Investigations and Discipline

| Investigations   |      |      |      |      |      |
|--|------|------|------|------|------|
|  | 2016 | 2015 | 2014 | 2013 | 2012 |
| <b>Physicians</b>  |      |      |      |      |      |
| New complaint investigations opened during the year                        | 444  | 381  | 454  | 481  | 541  |
| <i>Source of Complaints:</i>   |      |      |      |      |      |
| Patients   | 182  | 142  | 208  | 247  | 342  |
| Relatives of patients  | 74   | 71   | 194  | 120  | 101  |
| Statutory report   | 147  | 95   | 56   | 58   | 46   |
| Other <sup>2</sup>   | 41   | 168  | 96   | 56   | 52   |
| No. of physicians who agreed not to practice medicine during investigation | 18   | 21   | 18   | 10   | 13   |
| Investigations closed during the year                                      | 308  | 424  | 346  | 451  | 507  |
| Pending investigations as of 12/31   | 523  | 389  | 490  | 329  | 349  |
| <b>Acupuncturists</b>  |      |      |      |      |      |
| New complaint investigations opened during the year                        | 1    | 2    | 0    | 1    | 3    |
| Investigations closed during the year                                      | 2    | 2    | 3    | 4    | 3    |
| Pending investigations as of 12/31   | 0    | 0    | 1    | 1    | 2    |

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<sup>2</sup> Other sources include physicians who self-report; law enforcement; attorneys representing patients.

| Disciplinary Actions                                |          |          |          |         |          |
|---|----------|----------|----------|---------|----------|
|   | 2016     | 2015     | 2014     | 2013    | 2012     |
| Number of medical licenses disciplined <sup>3</sup> | 50       | 42       | 54       | 42      | 44       |
| Resignation   | 24       | 5        | 23       | 19      | 8        |
| Revocation  | 2        | 7        | 9        | 11      | 10       |
| Summary Suspension <sup>4</sup>                     | 8        | 4        | 5        | 2       | 1        |
| Indefinite Suspension and Probation                 | 4        | 10       | 7        | 12      | 12       |
| Practice Restrictions                               | 0        | 1        | 0        | 1       | 1        |
| Reprimand   | 10       | 10       | 8        | 11      | 11       |
| Censure   | 0        | 0        | 0        | 0       | 0        |
| Admonishment  | 3        | 2        | 3        | 1       | 2        |
| Fine  | 6        | 5        | 4        | 1       | 5        |
| <i>Total amount (\$) imposed per year</i>           | \$15,500 | \$20,000 | \$22,500 | \$2,500 | \$24,000 |
| Continuing Professional Development                 | 0        | 1        | 5        | 2       | 5        |
| Community Service                                   | 1        | 0        | 0        | 0       | 2        |

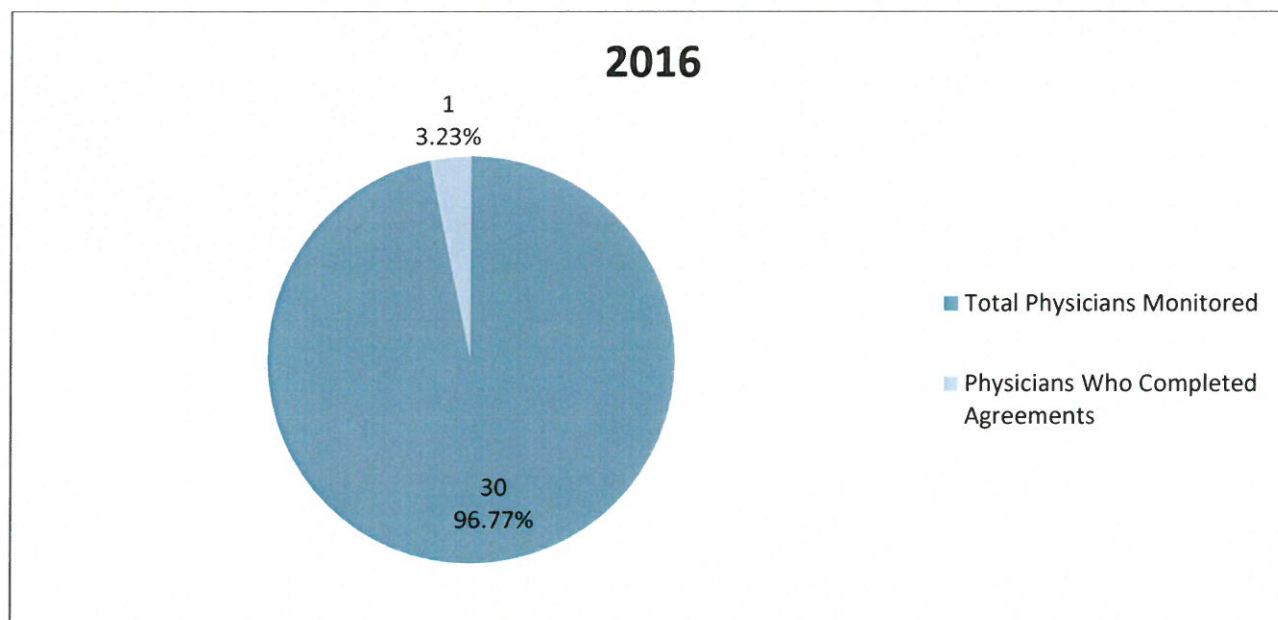
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<sup>3</sup> The total number of disciplinary actions taken by the Board will not always equal the total number of licenses disciplined because multiple actions can be taken against a single license.

<sup>4</sup> Summary Suspensions are interim actions taken on an emergent basis when there is evidence that the physician is an immediate threat, or may pose a serious threat, to the public's health, safety and welfare.



| Licensees Being Monitored by the Board |                   |      |      |      |      |
|--|-------------------|------|------|------|------|
| Reason for Monitoring <sup>5</sup>     | 2016 <sup>6</sup> | 2015 | 2014 | 2013 | 2012 |
| Behavioral Health                      | 1                 | 1    | 1    | 2    | 2    |
| Mental Health                          | 0                 | 0    | 2    | 4    | 6    |
| Substance Use                          | 22                | 19   | 17   | 20   | 32   |
| Clinical Competence                    | 5                 | 4    | 7    | 6    | 5    |
| Boundary Violations                    | 2                 | 2    | 6    | 11   | 10   |
| Behavioral/Mental Health               | 0                 | 0    | 0    | 1    | 2    |
| Misconduct                             | 0                 | 5    | 8    | 8    | 12   |



<sup>5</sup> In recent years, the Physician Health and Compliance Unit has worked to refine the categories into which physicians who are being monitored are placed. Some physicians fall within more than one category.

<sup>6</sup> In 2012, the Board discontinued the use of Letters of Agreement (confidential, non-disciplinary agreements). Therefore, the current numbers do not include Letters of Agreement whereas the prior years' numbers include Letter of Agreements. In addition, these numbers no longer include physicians who are not being actively supervised because they no longer have active licenses in Massachusetts. This accounting change has been made to better reflect the number of physicians actively monitored by the Physician Health and Compliance Unit.



| Disciplinary Hearings   |      |      |      |      |      |
|---|------|------|------|------|------|
|   | 2016 | 2015 | 2014 | 2013 | 2012 |
| Statements of Allegations (SOA's) <sup>7</sup> referred to the Division of Administrative Law Appeals (DALA) <sup>8</sup> for a hearing | 16   | 16   | 18   | 29   | 8    |
| SOA's at DALA awaiting a hearing, as of 12/31   | 31   | 31   | 29   | 22   | 8    |
| Recommended Decisions issued by DALA <sup>9</sup>   | 18   | 15   | 9    | 11   | 28   |

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<sup>7</sup> An SOA is an Order for a physician to Show Cause why his or her license should not be disciplined. An SOA may encompass more than one complaint against the physician.

<sup>8</sup> "DALA is an independent agency within the Executive Office of Administration and Finance, which was established by the legislature to provide a neutral forum for holding adjudicatory hearings in any case in which a party has a right to such a hearing before an administrative agency may make a final decision or take a final action." See The Executive Office for Administration and Finance 2013-2015 Strategic Plan, p. 15.

<sup>9</sup> DALA is responsible for issuing findings of facts and conclusions of law; the Board is responsible for determining and imposing the sanction.

## Data Collection

| Mandated Reports Received by the Data Repository Unit |      |      |      |      |       |
|---|------|------|------|------|-------|
| Source of Report                                      | 2016 | 2015 | 2014 | 2013 | 2012  |
| Court Reports – malpractice                           | 412  | 511  | 588  | 675  | 796   |
| Court Reports – criminal                              | 0    | 4    | 2    | 1    | 2     |
| Malpractice Closed Claim Reports                      | 632  | 840  | 717  | 827  | 693   |
| Initial Disciplinary Action Reports                   | 49   | 38   | 40   | 49   | 58    |
| Subsequent Disciplinary Action Reports                | 17   | 13   | 13   | 48   | 57    |
| Annual Disciplinary Action Reports <sup>10</sup>      | 31   | 29   | 27   | 67   | 1,070 |
| Professional Society Disciplinary Actions             | 15   | 15   | 24   | 26   | 47    |
| 5d (government agency) Reports                        | 5    | 24   | 15   | 15   | 32    |
| 5f (peer) Reports                                     | 32   | 28   | 43   | 33   | 44    |
| Self Reports (not renewal)                            | 8    | 1    | 1    | 7    | 24    |

| Reports Received by the Quality and Patient Safety Division |      |      |      |      |      |
|---|------|------|------|------|------|
| Type of Report <sup>11</sup>                                | 2016 | 2015 | 2014 | 2013 | 2012 |
| Maternal Death (Type 1)                                     | 3    | 2    | 5    | 0    | 3    |
| Ambulatory Procedure Death (Type 2)                         | 6    | 10   | 10   | 12   | 20   |
| Wrong-site Procedure (Type 3)                               | 45   | 23   | 34   | 24   | 24   |
| Unexpected Death/Disability (Type 4)                        | 862  | 776  | 921  | 938  | 808  |

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<sup>10</sup> In 2011 the Board changed the way disciplinary actions by multi-facility health care organizations are reported to the Board. A single report may now contain multiple incidents from different facilities under the same corporate umbrella. The receipt of Annual Disciplinary Action Summaries is ongoing.

<sup>11</sup> Types 1 through 4, as defined in PCA Regulations 243 CMR 3.08